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Total Pages
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Brian B. Lee TITLE: Medical Device ECG Marker for Use in Compressed Data Stream

BOX PAT	Sir:	We are transmitting herewith the attached: Application Transmittal
x x	Specific	Total pages: 37 (including claims and abstract: Spec. 28 sheets; Claims 8 sheets; Abstract 1
		Total sheets: 17 ☑ formal □ informal
	Combin	Replacement Specification as requested in the Office Action dated February 1, 2001. ed Declaration and Power of Attorney: newly executed copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. Panying application parts: Notification of filing a Assignment of the Invention to Medtronic, Inc. Assignment cover sheet Information Disclosure Statement
	 x	PTO Form 1449 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard
IF A CO	NTINUIN	G APPLICATION:
		Continuation
		Amend the specification by inserting before the first line the sentence: "This application is a divisional application of application serial number 09/353,277, filed July 14, 1999."
		Cancel in this application original claims 1-22 of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
	\boxtimes	The prior application is assigned of record to Medtronic, Inc.
		The Power of Attorney in the prior application is to: Medtronic, Inc.

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed						
X	Address all future correspondence to:	Beth L. McMahon, Reg. No. 41,987 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763) 514-3066					

FEE CALCULATION	No. of Claims Filed	Claims Include Base Fee	d in	No. of Extra Claims	Rate	Fee
Total Claims	12	20	=	0	x 18	
Independent Claims	2	3	=	0	x 80	
Multiple Dependent Claims					+ 270	
Basic Filing Fee						\$710.00
					TOTAL	\$710.00

Charge Deposit Account No. 13-2546 the sum of \$710.00 for the filing fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Beth L. McMahon, Reg. No. 41,987

MEDTRONIC, INC.

7000 Central Avenue N.E.

Minneapolis, Minnesota 55432 Telephone: (763) 514-3066